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Maximilian R. Peterson  
 LAW OFFICES OF MAXIMILIAN R. PETERSON  
 P.O. Box 93005  
 Austin, Texas 78709-3005

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Maximilian R. Peterson	(Depositor's name)
H.R.P.	(Signature)
December 17, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,121	02/22/2002	Jeffrey W. Scott	SILA:095	9531

TYPE OF INVENTION:

Calibrated Low-Noise Current and Voltage References and Associated Methods

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	12/18/06
EXAMINER	ART UNIT	CLASS-SUBCLASS			

Tran, Tuan A 2618 455-259000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  
 Change of correspondence address (or Change of Correspondence Address from PTO/SB:122 attached).  
 "Fee Address" indication (or "Fee Address" Indication Form PTO/SB:47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Law Offices of Maximilian R. Peterson  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Silicon Laboratories Inc.

Austin, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent).  Individual  Corporation or other private group entity  Government

4a. The following test(s) are enclosed:

4b. Payment of Fees

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached (Paid via Form PTO-2038 or EFS)  
 The Director is hereby authorized by charge the required fees(s), or credit my overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(e)(2).

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authored Signature H.R.P. [Signature]

Date December 17, 2006

Typed or printed name Maximilian R. Peterson

Registration No. 46,469

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